

FOSTER HOME APPLICATION

Absentee Shawnee Tribe of Oklahoma Indian Child Welfare

Home Telephone No. _____
Business Telephone No. _____

County _____
Date _____

1. Identifying Information:

<i>Name: Including any aliases</i>	<i>Tribal Membership or Affiliation</i>	<i>DOB</i>	<i>Race</i>	<i>Religion</i>	<i>SSN</i>
<i>Husband (Last, First, MI)</i>					
<i>Wife (Maiden)</i>					

2. Mailing Address: _____
P.O. Box, Rural Route, Number or Street City State Zip Code

3. Finding Directions: _____

4. Other Members of Household (Including Children, Relatives, and All Persons living in the home must be included)

<i>Name: Including any aliases</i>	<i>Relationship</i>	<i>DOB</i>	<i>Gender</i>	<i>Grade in School (Children) Occupation (Adults)</i>

5. Present Marriage: Date _____ Place _____

6. Own Home: Yes ☐ No ☐ Number of Rooms _____ Number of Bedrooms _____

7. Educational Level: (Circle appropriate number to show highest lever of education)

	<i>Grade School</i>	<i>High School</i>	<i>College</i>	<i>Name and Location</i>	<i>Date</i>
<i>Husband</i>	<i>1 2 3 4 5 6 7 8</i>	<i>9 10 11 12</i>	<i>1 2 3 4 Degree</i>		
<i>Wife</i>	<i>1 2 3 4 5 6 7 8</i>	<i>9 10 11 12</i>	<i>1 2 3 4 Degree</i>		

8. Employment:

	<i>Current Employment</i>	<i>Name and Address of Employer</i>	<i>Date Employed</i>	<i>Monthly Income</i>
<i>Husband</i>				
<i>Wife</i>				

9. Have you ever cared for a child for any other agency or private individual? YES ☐ NO ☐

If "YES" enter name and address of agency or individual _____

10. From what source did you learn of the Foster Home Program? _____

11. Have you or any member of your family or household ever been arrested for or convicted of a criminal action and/or currently on probation or parole? YES ☐ NO ☐

If "YES", explain _____

12. References: Give as references four persons (of whom no more than one is a relative), who are well acquainted with your family. If a relative is listed, give relationship. Give local references, if possible.

Name	Address	Phone	Relationship/Occupation

13. School Children would attend:

	Name	Location	District Number
Grade School			
Middle School			
High School			

14. What experience or training have you had which you feel would be helpful in caring for a child?

We, the undersigned, authorize the Office of Indian Child Welfare of the Absentee Shawnee Tribe of Oklahoma to use the above information in making a complete investigation, including checking the National Crime Information Center and Central Child Abuse Registry. We further understand that the placement of a child in our home will be on temporary basis, supervised by a staff member of the Absentee Shawnee Indian Child Welfare and subject to removal at the discretion of the Indian Child Welfare Worker.

Signature of Husband

Date

Signature of Wife

Date

Date Received